

**2019**

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Lonnie L		Last name Sortor	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Tanna S		Last name Sortor	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here <input type="checkbox"/>

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			1	6,822.
2a	Tax-exempt interest . . . . .	2a		2b	
3a	Qualified dividends . . . . .	3a		3b	
4a	IRA distributions . . . . .	4a		4b	
c	Pensions and annuities . . . . .	4c		4d	
5a	Social security benefits . . . . .	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			6	
7a	Other income from Schedule 1, line 9 . . . . .			7a	95,986.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			7b	102,808.
8a	Adjustments to income from Schedule 1, line 22 . . . . .			8a	6,781.
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			8b	96,027.
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	24,400.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	14,325.		
11a	Add lines 9 and 10 . . . . .			11a	38,725.
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			11b	57,302.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>12a</b>	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	6,491.	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>		6,491.
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	500.	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>		500.
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>		5,991.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>		13,562.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>		19,553.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>		

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

<b>18</b>	Other payments and refundable credits:	
<b>a</b>	Earned income credit (EIC) . . . . . No . . . . .	<b>18a</b>
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>

**Refund**

Direct deposit?  
See instructions.

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here	<b>21a</b>	
<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	20,064.
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	511.

**Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
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**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?  
See instructions.  
Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared	Phone no.	Firm's EIN	
Firm's address				

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

BAA

REV 05/19/20 TTO

Form **1040** (2019)

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

Lonnie L & Tanna S Sortor

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C . . . . .	3	95,986.
4	Other gains or (losses). Attach Form 4797 . . . . .	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5	
6	Farm income or (loss). Attach Schedule F . . . . .	6	
7	Unemployment compensation . . . . .	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	9	95,986.

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	
12	Health savings account deduction. Attach Form 8889 . . . . .	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	6,781.
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	
16	Self-employed health insurance deduction . . . . .	16	
17	Penalty on early withdrawal of savings . . . . .	17	
18a	Alimony paid . . . . .	18a	
b	Recipient's SSN . . . . . ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction . . . . .	19	
20	Student loan interest deduction . . . . .	20	
21	Tuition and fees. Attach Form 8917 . . . . .	21	
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	22	6,781.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 05/19/20 TTO

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► Attach to Form 1040 or 1040-SR.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Lonnie L & Tanna S Sortor

Your social security number

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	13,562.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . . . .	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	13,562.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 05/19/20 TTO

Schedule 2 (Form 1040 or 1040-SR) 2019

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **09**

Name of proprietor <b>Lonnie L Sortor</b>		Social security number (SSN) <b>[REDACTED]</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Construction Consulting</b>	<b>B</b> Enter code from instructions ► <b>5 4 1 6 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>CMCG</b>	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ► <b>[REDACTED]</b> City, town or post office, state, and ZIP code		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2019, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	1	201,917.
2	Returns and allowances . . . . .		2	
3	Subtract line 2 from line 1 . . . . .		3	201,917.
4	Cost of goods sold (from line 42) . . . . .		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		5	201,917.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		6	153,439.
7	<b>Gross income.</b> Add lines 5 and 6 . . . . .		7	355,356.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising . . . . .	8		18	Office expense (see instructions)	18	2,048.
9	Car and truck expenses (see instructions). . . . .	9	26,866.	19	Pension and profit-sharing plans . . . . .	19	
10	Commissions and fees . . . . .	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	5,861.	a	Vehicles, machinery, and equipment	20b	
12	Depletion . . . . .	12		b	Other business property . . . . .	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	13	0.	21	Repairs and maintenance . . . . .	22	888.
14	Employee benefit programs (other than on line 19). . . . .	14		22	Supplies (not included in Part III) . . . . .	23	5,465.
15	Insurance (other than health)	15		23	Taxes and licenses . . . . .	24	
16	Interest (see instructions):			24	Travel and meals:	24a	16,926.
a	Mortgage (paid to banks, etc.)	16a		a	Travel . . . . .	24b	2,600.
b	Other . . . . .	16b		b	Deductible meals (see instructions) . . . . .	25	2,100.
17	Legal and professional services	17	1,387.	25	Utilities . . . . .	26	
				26	Wages (less employment credits) . . . . .	27a	195,229.
				27a	Other expenses (from line 48) . . . . .	27b	
				b	Reserved for future use . . . . .		

28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	259,370.
29	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	95,986.

30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	30	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	95,986.

32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
<b>44</b>	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
<b>a</b>	Business _____
<b>b</b>	Commuting (see instructions) _____
<b>c</b>	Other _____
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Bank Fees	294.
Project Specific Services - Planning, Permitting, Etc.	136,179.
Permits & Fees	3,728.
Misc Project Supplies / Materials	55,028.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 195,229.

**SCHEDULE SE**  
**(Form 1040 or 1040-SR)**

**Self-Employment Tax**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

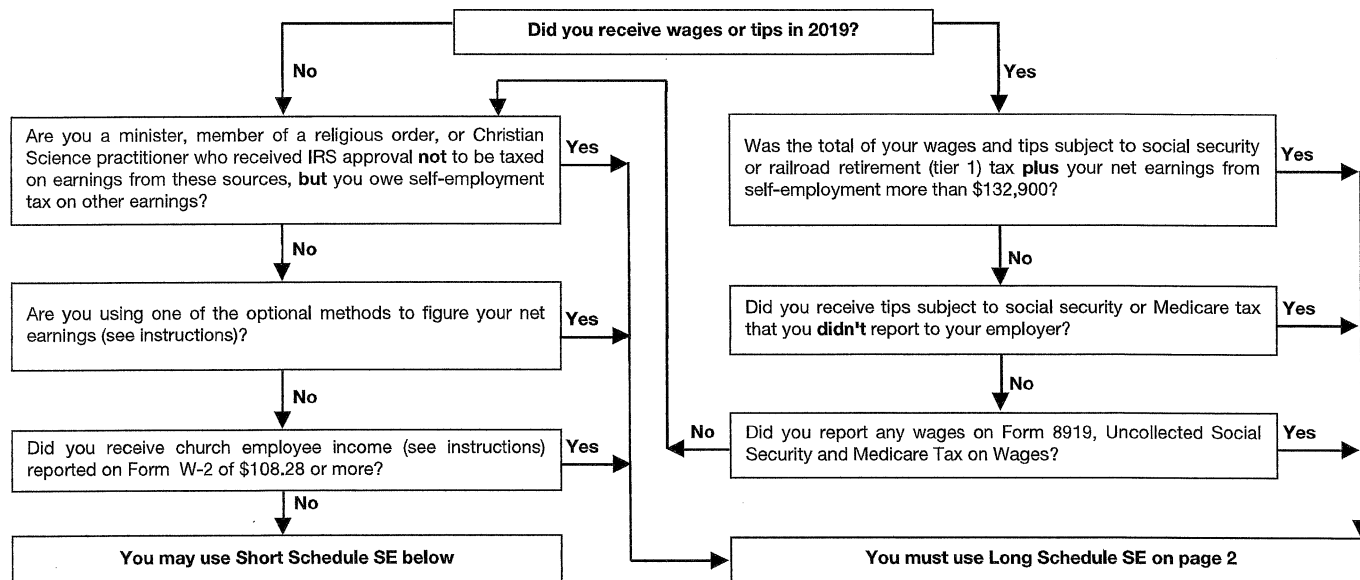
Social security number of person  
with self-employment income ►

Lonnie L Sortor

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b> (	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	95,986.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	95,986.
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ► <b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	88,643.
<b>5</b> <b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55</b> .	<b>5</b>	13,562.
<b>6</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27</b> . . . . .	<b>6</b>	6,781.



**Qualified Business Income Deduction  
Simplified Computation**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2019**Attachment  
Sequence No. **55**

Name(s) shown on return

Lonnie L &amp; Tanna S Sortor

Your taxpayer identification number

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	CMCG		89,205.
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	89,205.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b>	( 0. )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	89,205.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>		17,841.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( 0. )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>	0.	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		0.
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>		17,841.
<b>11</b>	Taxable income before qualified business income deduction	<b>11</b>	71,627.	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>	0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	71,627.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>		14,325.
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	<b>15</b>		14,325.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( 0. )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( 0. )	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

REV 05/19/20 TTO

Form **8995** (2019)

**Additional information from your 2019 Federal Tax Return****Schedule C (Construction Consulting): Profit or Loss from Business****Additional Vehicle Info****Continuation Statement**

<b>Date Placed in Service</b>	<b>Business Miles</b>	<b>Other Miles</b>	<b>Available for Off Duty Hours?</b>	<b>Other Vehicle Available?</b>	<b>Evidence to Support Dedn?</b>	<b>Is Evidence Written?</b>
08/10/2005	2,760	6,140	Yes	Yes	Yes	Yes
01/01/2017	31,200	4,380	Yes	Yes	Yes	Yes